**Yearly Survey (note or any year since then means we ask about every year after a yes.0**

1. **INT NUMBER Use A for Atlanta; B for Boston and NH for New Haven followed by #1-60**
2. Year [*write in year before first use of opioid or heroin and survey will automatically fill in sequential years up until current year*  YEAR BEFORE FIRST USE OF OPIOID
3. AGE [write in age before first use of opioid or heroin and automatically completes AGE BEFORE FIRST USE OF OPIOID

*Fill in color for all years that are yes. Leave blank if no.*

1. What type of geographic area did you live in during this year and every year since? RURAL
2. Suburban
3. Urban/City
4. Were you homeless at any time this year or any year since then? [self-defined homelessness]HOMELESS
5. Were you incarcerated at any time this year or any year since then? (def: jail, prison, juvenile detention, probation, parole) INCARCERATION
6. Were you legally employed for *at least most* of the year and any year since then?WORK

**Social Roles**

What family roles did you have this year that were important to you and every year since then? Fill in for all years to indicate YES for that year. Leave blank if no.

1. Has a Son or Daughter role been important to you this year? Son/Daughter
2. Has a Sibling role been important to you this yearSibling
3. Has a Father/Mother role been important to you this year Father/Mother
4. Has a Spouse role been important to you this year Spouse SPOUSE INCLUDES SIGNIFICANT OTHER
5. Has any other important role been important to you this year *(not friends)*? If many indicate one that is most important. Other [*Write in other role].*
6. Did you have any friends this year and since who are opioid/heroin users who you could truly trust? FRIEND USER *(These are users that you could leave our dope or pills around and they would not take them.)*
7. Did you have any friends this year and since who are not opioid/heroin users who you could truly trust? FRIEND NON USER

**Health Issues**

1. Did you have any mental health problems this year or any year since then? MENTAL ILLNESS
2. Did you have any major illnesses and/or injuries this year or any year since then? PHYSICAL ILLNESS
3. Did you have a major loss of somebody important to you this year or any year since then? LOSS OF LOVED ONE

**Substance Use**

1. Did you use TOBACCO during this year or any year since then? TOBACCO

Yes

No

1. Did you use MARIJUANA during this year or any year since then? MARIJUANA

Yes

No

1. Did you use *Alcohol* during this year or any year since then? ALCOHOL

Yes

No

1. Did you use HALLUCINOGENS/LSD/ECSTASY/CLUBDRUGS during this year or any year since then? HAL/LSD/XTC/CLUBDRUG

Yes

No

1. Did you use COCAINE/CRACK during this year or any year since then? COCAINE/CRACK

Yes

No

1. Did you use *Methamphetamine* during this year or any year since then? METHAMPHETAMINE

Yes

No

1. Did you use OPIOID PRESCRIPTION MEDICATION ***as they were prescribed to you*** during this year or any year since then? AS PRESCRIBED OPIOID
2. Did you use OPIOID PRESCRIPTION MEDICATION ***not prescribed or not as they were prescribed*** during this year or any year since then? NOT AS PRESCRIBED OPIOID
3. Did you use HEROIN during this year or any year since then? HEROIN

Yes

No

1. Did you use any Other Opioid during this year or any year since then?

Other Opioid

1. Did you Inject any drug this year or any year since then? INJECTED
2. Were you IN TREATMENT at any time this year or any year since then?

IN TREATMENT [*Ask what kind of treatment in the Qual interview including 12-steps]*

1. What state did you live in during this year and every year since? Drop down menu for states (*If drop down does not work, write in-add row for each state. If outside US write in where)*

*(NOTE: FOR MOST INTERVIEWS: All of the above WAS discussed more in the interview-we can check transcripts for more details such as when in the year or what kind of incarceration.)*